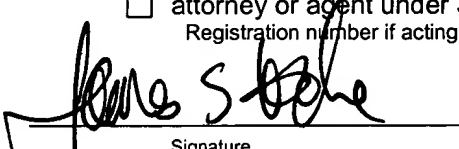
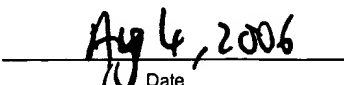


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) RIGL-008CIP	
Application Number: 09/715,725		Filed: November 16, 2000	
For: "NOVEL IAPS ASSOCIATED CELL CYCLE PROTEINS, COMPOSITIONS AND METHODS OF USE"			
Art Unit: 1642		Examiner: UNGAR, SUSAN NMN	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$_____
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<u>\$795.00</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0815</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,920</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 Signature		 Date	
<u>James S. Keddle, Ph.D.</u> Typed or Printed Name		<u>(650) 327-3400</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			